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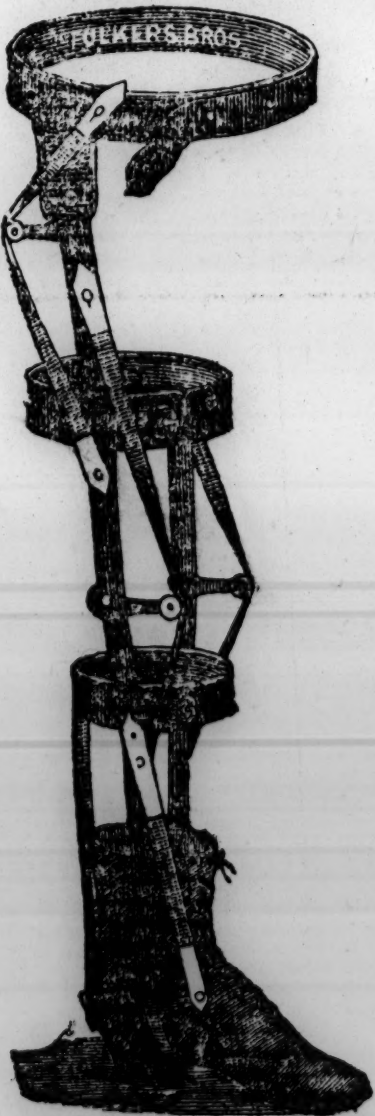
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No. 3

Christian Science, Faith Cure, Divine Healing et id Genus Omne.

G. P. BISSELL, M. D., WOODS, OR.

I SEE by the newspapers that the medical profession is greatly exercised because of the claims of those who call themselves Christian scientists and lay claim to power of healing the sick. I don't precisely know what branch of the profession, but suppose it to be that which proudly calls itself regular, and would like to be regulators.

In my humble view they are more zealous than wise in their opposition to this fad. It is a display of the same arrogance that has ever been their characteristic in their attempts to strangle everything that does not bow in reverence to their majestic authority, as, for instance, homeopathy and eclecticism.

I say that in their zeal they are not wise. Even now they invoke hypnotism, which is only another name for mesmerism, faith cure, Christian science, divine healing, etc. They do worse. Not a doctor is there among them but relies on his title as doctor and his standing in the community aided by that indefinable something which belongs to the personality of

every individual, to inspire hope and confidence in each patient or family he visits.

But I design to go deeper into this subject. I state the premise clearly. There pertains to every individual thing that has life, whether that life be vegetable or animal, a recuperative power, else each and every injury to that individual would cause its death. Not only does every life contain a recuperative power for its own needs, but often it holds a healing power which can be imparted to other lives. All our vegetable drugs possess this force. All our food is derived from this virtue or principle.

Without going further afield, let us come to man. Every human being possesses a force, which not only heals himself, but may be imparted to the healing of others. Every man that bumps his head carries his hand to the bruised place and rubs it. If he can not apply his hand the bruise hurts worse. The hand gives relief. Every mother snatches up her babe who has bruised its head and instinctively passes her hand lightly over the bruised place

to the manifest relief of pain. We all know these things, we have experienced them in our persons and have repeatedly seen them by observation. There resides a healing power in the human hand, not only to one's self, but which may be imparted to others. Speaking for myself, often has my hand involuntarily gone to the seat of pain or to the source, and when I could give much relief my hand and arm would fill with pain. This power is with every one in differing strength on diverse occasions, and some persons possess an immensely greater force in this direction than do others.

So far I have mostly spoken of the effect of the force by immediate contact, and given instances of that effect, which all know to be true. But all observing persons know, by having seen and felt, that there is an influence emanating from certain persons by their very presence. Many people are so sensitive that they feel the approach of another even in the dark, although no sound be made which could give warning. Some are so much more acutely sensitive that they will be awakened from their sleep under similar conditions. In each case a force had passed from the new-comer or intruder, which was felt by the other and made him alert. I again appeal to my own experience. All know that children in their play will try to steal softly behind some other and startle him by a cry. This never succeeded with me. I felt the presence of some one behind me and turned before he was ready to speak. Many with whom I have talked have borne the same testimony. Hence it is certain to reason

that a force penetrates to a considerable distance from every one. What is the limit of that distance no one knows, nor will any prudent person pretend to decide.

It is recorded of Napoleon Bonaparte, who was a small man, that when asked by the Assembly whether he would take the defense of the government on himself, he answered simply "Yes." Some who were greatly alarmed suggested that he did not fully understand the magnitude of the responsibility. This aroused him, and his answer was that he did, and that he was accustomed to execute his undertakings. The testimony was that as he spoke he seemed to dilate to vast size. This might not have been properly a force, but the energy inhering in him convinced the Assembly, and they trusted him.

I now briefly introduce some instances where this force is obstructed. The Keller girl, who is blind, deaf and dumb, but who has been educated, on going into a strange room knows all the pieces of furniture and their positions. I had a stalwart friend, in possession of all his senses and who stood six feet four inches, who repeatedly testified to me that he always felt an obstruction in the dark and avoided it. Once on passing from my office into a dark room, I called to him to avoid an impediment. He answered carelessly, "Oh, I feel it, and will go around it." Here this force felt the obstruction.

A power or force, then, resides in the human organism which manifests itself in various directions. Who among us is willing to place himself in such a

position of arrogance as to pronounce that such a force is not or cannot be exerted in the direction of healing as well as in other ways, particularly with every-day example of the fact before him?

Herein resides the whole gist of the thing that is attempted to be made mysteries by so-called Christian scientists, namely, that every person has healing power, innate to man as a living organism. Some possess that power in greater, some in less degree, but all possess it in some degree. It varies in force in the same individual under varying conditions. Whether it be the seventh son, faith cure or Christian hum—(beg pardon)—science, it is the same thing. They who advocate it err egregiously by pretending to cure everything by it without ulterior aid. It is as though a physician should vaunt one drug as a cure-all for every complaint.

But the physician who scouts its efficacy errs as greatly as would he who would deny the efficacy of a drug—aconite, for example—because it will not relieve every condition of diseased manifestation. When the profession learns to use this power in its proper place it will have added to its efficiency, and will appear to disinterested reason less narrow and clanish. And when the Christian scientist learns to admit that his is not a cure-all, he will appear more broadly reasonable and honest.

As to his declaration or doctrine that only the mind feels and that the body does not, he gives himself the lie by every act of his life. Does not the wounded tree feel? As to himself,

does he not eat and drink and perform a thousand other acts prompted thereto by physical wants? How long would he live without the oxygen of the air? Does he purposely and wilfully lie, or has his mind acquired such obliquity that even his senses will not inform him correctly? At any rate he could not be persuaded to practice for a day the logical consequence of his teaching.

In my last sentence I want to say that the chicanery of the Christian scientist and divine healer lies not so much in what they do, even when they attempt cases that they know to be hopeless, as in the doctrines which they teach and the mystery with which they seek to enshroud the subject.

P. S.—I forgot to state in the body of this paper that this force has been used in all time and by all peoples, savage, civilized and enlightened. In lowest savagery it is used to the total exclusion of drugs, for the low savage had not learned their properties. Herein does civilization join hands with savagery to exclude drugs.

Active and Passive.

I am a merry little pill,
I am bulging with quinine;
Oh, for a cold that's got a hold
I make a swift bee-line.

Oh, I'm a merry tapeworm,
And live in a gallant man,
Who labors night and day for me
As hard as ever he can.

No practicing physician can afford
to be without the JOURNAL.

The Irony of Fate.

G. HENRIKSON, M. D., SACRAMENTO, CAL.

Read at the meeting of the Sacramento Valley Medical Society, Sacramento, January 17, 1900.

WE delight to instance the numerous cases of men who have proved superior to physical misfortunes through force of character and will. We know that the blind have learned to read rapidly and accurately, that deaf mutes have become accomplished musicians. We have heard of armless men who were skilled mechanics and of one instance of a gentleman with two artificial feet dancing with grace and agility.

On the other hand it is remarkable how apparently slight a physical defect can blight what promises to be a useful career. It is such a case that I wish to record. It was told me by the sufferer himself, a man of nearly seventy, intelligent and with a good command of English. With the education and instincts of a gentleman, he earns a living driving a swill wagon. The story as he told it to me carried with it the conviction of truth.

His parents both died before he was ten years of age. He was troubled with chronic borborygmus, and it was while attending school that he first realized that he could not control the passage of wind through the rectum. For several years he endured the taunts of his thoughtless schoolfellows. As he grew to manhood his condition did not improve. So little control had he in this respect that he was completely ostracised from female society. He was treated by several physicians in the neighborhood without benefit.

He had temperate and industrious habits, and when he became twenty-four years of age had saved a thousand dollars. He decided to study medicine, confident that sooner or later he would find a cure for his weakness. Accordingly, he entered a medical school at Ann Arbor and made rapid progress. Even there his malady caused him much embarrassment, as no one could be much in his society without detecting it. In the lecture room, at the operating table, he was in constant trepidation and chagrin. Only his determination kept him there, and he worked as only a man with a fixed purpose can. Upon completing his course there, he entered a medical institute at Albany, N. Y., and received his degree. While attending these colleges, he had the best of medical attention, but neither the skill of the surgeons nor all the drugs known to medicine bettered his peculiar ailment.

He commenced the practice of medicine, but it was uphill work. Patients whom his skill might have won were repelled by his distressing affliction. He drifted from place to place, which, as he admitted to me, was a serious mistake. During the fifties he came to California, engaged in mining, and married.

It would be interesting to know how he managed to win the affections of a woman, handicapped as he was, but upon this point he was reticent. A daughter was born to him, and for a

few years he had a glimpse of happiness. As the daughter grew to womanhood, she conceived an aversion to her father, which finally brought about a family separation.

The unfortunate man courted solitude, and for years lived a recluse in the mines. When no longer able to delve a living from the earth, he returned to civilization and found work as a ranch hand, and now, being too infirm for heavy work, he earns what little money he needs collecting swill.

About four years ago a dream or vision came to him. In a grove of trees familiar to his childhood he saw a boy at work chopping one of them down. It swayed and tottered, and before the lad could reach a place of safety had borne him with it to the ground. The scene shifted to the bedroom that had been his when a boy. Well known faces, his father's and mother's, were at the bedside. Every thing in the room was familiar save the slight form on the couch—that was blurred and indistinct. Upon awakening he knew that the dream had portrayed long forgotten events in his own life. He could recall clearly all the minutest details of his accident, illness and recovery.

The tree had struck his coccyx, injuring the nerves, and it was this accident that had wrecked his life. Though he had long since given up drugs and doctors, he had never lost faith in being cured, and, strange to tell, about this time his condition began improving. His recovery was as rapid as it was unaccountable. He has been well nearly four years, and has no symptoms or fear of a return of the weakness. He is at a loss for an explanation of his recovery, and can attribute it to nothing more satisfactory than his never-wavering faith in being one day cured.

"Do you intend to return to society and enjoy what time is left you?" I asked him, when he had finished his story.

He smiled sadly and shook his head.

"That is the irony of fate," he said. "A few years ago I might have done so, but now it is too late. My crude and solitary life has unfitted me for refined company, and I have no desire for any other. But I am happy. No one who has not been severely afflicted can realize the burden I have carried."

And as we went our diverging ways I, too, pondered on the perverseness of fate.

A strange and sad story, is it not?

Some Desperate Cases of Gallstone Colic.

O. S. LAWS, A. B., M. D., LOS ANGELES, CAL.

I HAVE withheld a report of these cases because I do not wish to pose as a wonder-worker; but when I say that I am sure any well posted eclectic could and would have done as well as I did, surely you will pardon any

apparent boasting. You will note that compounds were freely used, instead of single remedies; but you know it takes an extra good parson to always practice what he preaches.

On December 18, 1894, I was treating

a friend for grippe, who was rooming in a house occupied by Mr. G. and family. Mr. G. had left word for me to examine his wife and give an opinion of her case. She had been afflicted for three years with what the doctors called gallstone colic, and was just coming out of one of her "spells." She protested against any medicine from me, saying that thirteen doctors had treated her and given her up as incurable, and nothing but morphine was used—half a grain, sometimes, every four hours—till the "spell" would break up. A consultation, however, of several who had attended her developed the possibility of a cure only by surgical operation.

I found her a large, fleshy woman only thirty years old, and between "spells" able to be up and do some housework, and told her I would be ashamed of my profession if such a case could not be cured, and insisted that we go at it at once and head off another attack, which would be expected in about three weeks. She had taken so much medicine that it made her sick to think of it, and had "not a particle of faith in it." I told her I would have the faith if she would have the *works*, and between us we could "remove mountains."

So I at once prescribed:

R Dioscorea.....3j
Pulsatilla.....3ss
Macrotys.....3ss

in half a glass of water, one teaspoonful to be taken before meals. Also:

R Acetate potassa.....3ij
Euonimus (spec. tinc.).....3j
Water.....3vj

a teaspoonful after meals. Also a capsule at night containing podophyllin one-eighth grain and our "diaphoretic powder" gr. ij. Nine days later I changed the first prescription to

R Dioscorea.....3j
Chionanthus.....3ij
Chelidonium.....3ss
Pulsatilla.....3ss

before meals as before. On January 2d I put capsella, instead of macrotys, to head off the uterine hemorrhage that always set in when she had an attack of "colic."

I have here presented the remedies used and which seemed indicated. They were taken irregularly and under protest all the time for twenty days, when she had a "spell," but *no uterine hemorrhage* for the first time in all her sickness. The bilious colic was of shorter duration than common, and only two tablets of morphine, of one-fourth grain each, were needed. The change in her case was so favorable that she consented to go on with the treatment till about the first of March, when she declared she was as well as ever she was and quit all treatment. Five years have passed and no relapse has been reported. Doubtless some of the above named remedies were not needed, but they evidently did no harm, as the results were all that could have been expected.

I have treated many cases of this class of ailments without a failure, and have never resorted to olive oil. One old lady, aged 50, who came in here from Illinois some years ago and who had been afflicted for ten years and pronounced hopeless, was cured with

the above named capsules of podophyllin and diaphoretic powder, taken three times a day. But little else was used, and she never had an attack after

beginning my treatment. She has gone back to Illinois and remains well. I offered to give the climate half the credit, but she gave it all to the medicine.

Two Troublesome Cases Cured—One of Chronic Rheumatism and Another of Constipation.

D. C. REES, M. D., LA BELLE, MO.

THE following cases in which I used thialion seem to me worthy of recording. There can be no question of the therapeutic value of this drug in a wide range of cases—in fact, in every case where the malady is caused by an excess of uric acid in the blood. It works in such a quick and effective way that it is a revelation to physicians who are wedded to the older methods. Its action on the liver is of so marked a character that I am prone to believe that, if intelligently used and the treatment started with the understanding that *it is not* a cathartic, but a laxative which increases peristalsis of the bowels, stimulates gently the liver to action, increases markedly the flow of bile, it will take the place of and entirely supersede the use of calomel.

Mrs. C., American, 53 years of age, large and fat, consulted me in regard to rheumatism of her hips, back, knees and ankles of long standing. She was so lame that she was compelled to use a cane in going about the house. Like all, or nearly all, fat women of full habit, she was constipated and the liver was very torpid and slow in its action, leaving a coated tongue, headache and all that train of symptoms that follow a sluggish liver. I com-

menced the treatment by giving her a teaspoonful of thialion dissolved in a cup of hot water three times a day, one hour before meals. At the fifth dose very free evacuation and the characteristic "stinking stool" took place. After this the improvement was rapid. After the ninth dose the thialion was reduced to a dose morning and night for three days, and afterwards to once a day, and that in the morning on rising.

The effect was like magic. In two weeks the cane was thrown away, and she attended the "street fair" at Quincy. I saw her then, and she was very sure that she would have a relapse for her temerity, but she did not, for the next day she was attending to her household duties.

Yesterday I saw her son (seven weeks since I first treated her), and he said she was singing about the house as happy as a lark and had gotten for him that morning an early breakfast so he could open his drug store.

Miss N. has two brothers who are physicians, has been ailing for eight years, she is now 29. She had obstinate constipation of long standing. The strain at stool was very severe, and if she did not take something days would intervene between the stools. I

commenced the treatment by giving her a teaspoonful of thialion three times a day, one hour before meals, in a cup of hot water. This I kept up for one week, after which one dose a day, either in the morning on rising or taken the last thing before retiring at

night, had the desired effect. She began to improve after the first three days. She is doing her first general clothes-washing for the first time in eight years, and I consider her well after three months since first commencing treatment.

Hygiene of the Nose.

W. CHEATHAM, M. D., LOUISVILLE, KY.

Read before the Louisville Medico-Chirurgical Society, November 3, 1899.

THE nose is one of the most important organs of the body. By its exposed position and the offices it has to perform, it is rendered one of the open doors of infection, and yet we hear but little of the importance of keeping it clean. We are taught the importance of the hygiene of the mouth, of the body and of the hair, but little concerning the nose, which is the "rubber-necker" that is expected to discover any laxity of cleanliness of other parts of the body or the air around us. When we consider the offices of the nose, that it is for olfaction, audition, phonation, respiration and is much concerned in taste, sight and digestion, it will be seen that an obstructed nose will affect almost every organ of the body. All of us know how dull our brains are if we have nasal stenosis. Hygiene of the nose has much to do with this. Of course, if the obstruction is from bone, cartilage or growths, simple hygiene will not give relief, but it might have prevented much of it, and the removal of the cause will prevent recurrences. Unless the nose is kept well open and clean, the olfactory nerves cannot do

their work. When smell is destroyed or interfered with, it is best not to follow that advice of old, to "follow your nose," as it might lead you into trouble. If smell is not correct, taste is much interfered with, and also digestion. If there is not free nasal respiration, mastication and deglutition are defective.

We are all aware that a majority of diseases of the middle ear depend upon diseases of the nose. These often lead to disease of the pharynx and larynx. With some of the ear complications comes tinnitus, which produces insomnia and makes neurotics. Vertigo is a not infrequent complication of disease of the ear, which is the result of nasal trouble, all of which might have been lessened by proper nasal hygiene in the young.

The mouth-breathing infant can not feed on account of defective nasal breathing. When the throat is full of ugly mucus, or muco-pus, on account of adenoids, which interfere with nasal drainage, and consequently nasal hygiene, the latter of which is never attempted, can any one tell me where it will end if not corrected? Tearful eyes, suppurating ears, bad digestion, stunted

growth, malformation of face, stupid brain! Do but few parents understand the cause or its correction? Why not? Because they are not taught. Let something happen to the little one's teeth, though, and how soon the dentist is called in!

The obstructed and unclean nose not only interferes with phonation in the manner already referred to, but it acts as a sounding-board, and any obstruction in the nose produces dead notes. You are said to be talking through your nose, when you are not. Proper nasal hygiene will prevent much of this.

Improper nasal hygiene may produce so-called asthenopia; not only that, but inflammation of the tear-sac, conjunctiva, cornea and of almost every part of the contents of the socket. Who can say that proper nasal hygiene might not have prevented much of this? There are, of course, associated conditions, dyscrasias, etc., which have much to do with these complications. I have not yet gotten to believe that any one organ of the body can be dissociated from the others. The patient's general condition has much, yes, very much, to do with diseases of the nose and their complications. Probably the nose's most important office is that of respiration; it filters the air, renders it more moist, heats it, destroys many bacteria and cocci, and delays the growth of many others; it removes from the impure air many foreign substances.

The average nose in our climate, in twenty-four hours, secretes from twelve to eighteen ounces of fluid. Much of this is taken by the air into the lungs

It serves also to destroy bacteria and cocci, and to catch particles of dust, etc. Air passing through the nose, no matter how cold it is externally, when it reaches the pharynx and larynx, is heated to about body heat; that is, in normal respiration. It has been proven that a normal nasal secretion destroys many bacteria and cocci, and delays the growth of many others. This secretion, if not kept normal, loses this effect, and instead becomes a good fluid for their cultivation. Almost all kinds of pathogenic germs found in other parts of the body are found in the nose, many of the most dangerous commonly so, others more rarely. This being a fact, can any one doubt the importance of nasal toilet? Can any one state how many cases of diphtheria, scarlet fever, measles and other such diseases can be prevented during epidemics by proper nasal lavage? Epidemic meningitis is another disease which in many cases might be prevented by the use of some simple nasal spray, say even salt water, and especially Dobell's solution or fluid. The nose and brain are closely associated. The nerve and blood-supply are not only quite intimate, but between the two there are only two membranes and a very thin plate of bone. What might not proper nasal hygiene prevent? The nose is really one of the filthiest parts of the body, yet who teaches its cleanliness? The mother teaches her child how to keep the body clean, how to attend to the teeth, hair and ear, but says little about the nose? Why? Because she is not taught.

The nose is not an easy organ to

clean. It stands often but little interference; the mildest solution often causes bleeding, and produces soreness about the wings. The turbinal bones are so placed and shaped that it is very difficult to reach over and under them; in fact, there is but one way to do it thoroughly and safely, and that is from behind forward. I say safely, and yet that method is not safe, as fluid is liable to be forced into the ear and the sinuses. This method and the nasal spray, though, I consider the most thorough and safe. The cry recently, "Down with the spray," is, I think, a mistake, because no better and safer method has been offered. The douche is thorough, but unless the nose is well open and great care is exercised, the fluid used will enter all the sinuses and force the unclean secretions ahead of it. All of us have seen such results. The oil sprays are I doubt of much service except in a few cases. The douche, theoretically and practically, is the best cleanser, but it is, as we all know, dangerous. The danger is much lessened if it is used from behind forward. There are but few patients who can use it this way. I believe the water spray

is the best. It is not well to use much force in cleansing the nose; the parts are easily bruised. Instead of using force, we must depend in a majority of cases upon mild alkaline and saline solutions to dissolve inspissated secretions and to excite exosmosis. Whatever method is used, do not let the patient blow the nose much immediately upon cleansing; snuff back and get all the solution from the mouths of the eustachian tubes and the openings of the sinuses, then blow. I have seen several cases of "hay fever" much benefited by one of the simple solutions used in a spray. I have had many tell me that by using the spray all the time, the severity of the attack was much decreased. Powder insufflations as cleansers are, I think, of little good. Again I repeat, the spray is the better for general use. It should be used three times a day at least. After one has been out in the dust a simple spray is of much comfort, and if used properly may save a great deal of trouble. Nasal hygiene in early life is much neglected. If properly carried out, much trouble in after-life can be prevented.—*Am. Practitioner and News.*

Some Notes on Chloroform Anesthesia.

W. P. SCOTT, M. D., SAN FRANCISCO, CAL.,

Resident Physician of the Maclean Hospital.

CHLOROFORM, in its pure state, is a heavy, clear liquid, having a specific gravity of 1.49. It dissolves in alcohol and ether in all proportions, but only mixes in water in small proportions. No chloroform should be used for anesthetic purposes which

does not comply with the following requirements:

1st. When dropped in distilled water there should be transparent globules, with no milky appearance.

2nd. Chloroform should have an agreeable odor.

3d. It should not redden litmus paper.

4th. When added to a solution of nitrate of silver, it should not form a precipitate nor even cause cloudiness.

5th. Test with a solution of iodide of potassium for free chlorine.

6th. When brought to a boiling point with a concentrated solution of caustic potash it does not become colored.

7th. Sulphuric acid should not blacken when brought in contact with it.

8th. Mixed with concentrated sulphuric acid and shaken, it should separate in half an hour into two colorless layers.

Chloroform is liable to sudden changes if exposed to light. An imperfect stopper or partially filled bottle frequently affect its purity; hence it should be tested before using.

Mode of Administering.—The inhaler should be the modification inhaler of Skinner. It is a wire frame, on which is fitted a covering of muslin, held in place by wires. The chloroform should be dropped on the exterior of the mask, not too rapidly, else there is produced a choking sensation. In no case should the chloroform be poured, else sudden stoppage of respiration and suffocation of the patient take place, or the liquid chloroform may pass into the larynx and cause death.

The amount of vapor which can be taken up by the air varies with the elastic tension of the chloroform vapors at different temperatures. Thus at 40° F. a small quantity would evaporate into the air—about .06 of vapor in 94 of air; at 90° F., vapor .35, air .65; at

130° so much would volatilize as to give rise to an almost pure chloroform vapor. One grain of chloroform in 100 cubic inches of air produces second stage of narcosis. Two grains in each 100 cubic inches of air produces fourth stage. Any proportion above two grains in the hundred causes interference with respiration. Three grains in the hundred seems about the ratio which renders respiration impossible.

Anesthesia from chloroform is divided into five stages as follows:

1st. From commencement of inhalation to impairment of consciousness, fullness of the head, ringing, buzzing in the ears, palpitation of the heart are sometimes felt. There is also some diminution of common sensation.

2nd. The mental powers are impaired, though not suspended; the patient passive, as if sleeping, or occasionally makes a voluntary movement. Sometimes laughing, singing and talking are indulged in. Common sensation is much blunted, so that patients submit without expostulation to painful manipulations. This degree of narcotism is sufficient for obstetric practice and the after-stage of prolonged operations. As a rule struggles or expressions of pain which show themselves at the time are not remembered.

3d All voluntary movements are lost. The conjunctival vessels become full, the muscles rigid and struggles, even epileptiform convulsions may supervene; as the stage advances the muscles relax. Inarticulate jabbering and mouthing occur. Although really insensitive to pain, the patient may flinch or cry out. Later all reflex acts

are abolished, the conjunctival and nasal receding last.

4th. Breathing is stertorous, the pupils dilated and the muscles become relaxed and flacid. The patient is profoundly unconscious, and is drifting into danger. Such deep narcosis is seldom needed.

5th. This stage is the interval which, following the fourth degree, intervenes between the respiratory embarrassment and total cessation of breathing. Even after dyspnoea has passed into apnoea, the heart continues to beat for a brief while. This stage marks the period when chloroform tension in the blood is so great as to paralyze the respiratory centers in the medulla oblongata.

The third stage may be regarded as the safety zone of complete chloroform narcosis, but if anesthesia be pushed beyond this stage wide dilation of the pupils ensues, indicating a suspension of function in the cardiac and respiratory centers. This is a most critical condition, though one by no means necessarily fatal; as, by lowering the head and raising the foot of the table and by prompt artificial respiration, even while feeble respiratory efforts are being made by the patient, the danger may be and has been often averted.

The Pupil as a Guide in Giving Chloroform.—In chloroform narcosis, the same pupillary phenomena are observed during extreme stages. From personal observations, extending over several hundred carefully recorded cases, it seems that the pupils are in a variable state during the preliminary periods, much too variable to permit any rule being formulated regarding them. At

first dilatation, varying in degree and duration, then contraction, as the narcosis becomes profound, and dilatation again when the sensibility is returning. If the administration be still continued with the pupil strongly contracted and motionless, the pupil will also dilate, but in this case more suddenly and completely, and will be coincident with a state from which it will be difficult to resuscitate the patient. So long as the pupil will respond to the light, all is well. When the pupil becomes strongly contracted and immobile, no more chloroform should be given until it begins to dilate again.

The occurrence of vomiting causes dilatation similar to, but more sudden, than that which happens when sensibility is returning, and has the effect of arousing the patient.

Toxicological Effects.—Chloroform is the most potent and agreeable anesthetic we have, and by far the safest, if properly administered. Almost all anesthetics may kill during the first stages by asphyxia; the air may be very highly charged, even saturated, with the agents, so much so that, owing to its pungency, it cannot be breathed, and if forced upon the patient stifles and suffocates him in exactly the same manner as would sulphur burned under his nostrils. Death would thus occur without much having entered the body.

Since the published statement of Dr. Hunter McGuire that 28,000 administrations of chloroform in the Army of Northern Virginia without a death that could be ascribed to the effects of the lethal agent, an interest has been awakened in regard to the comparative



danger incurred in the use of the several well known anesthetics. Dr. McGuire was Surgeon-in-Chief of the Confederate Army. At first the assertion was treated with smiles of ridicule; but the character of the distinguished surgeon could not be impeached, and his extraordinary assertion became incidentally supported by statistics gathered from hospitals about Washington and barracks, where thousands of wounded in the Federal Army had been treated. The record of 30,000 chloroformizations without a death from the direct effects of anesthesia, confirmed the startling statement of the Confederate surgeon and threw the *onus probandi* upon those who opposed the use of chloroform as an anesthetic on the ground that the agent is more dangerous than ether or the so-called A. C. E. mixture, from the restricted clientel of civic practice. Then, as if to make assurance doubly sure, comes the statement from other surgeons. Dr. Symes has given chloroform 5,000 times without ever meeting with a death. Sir J. Y. Simpson also reports about the same. Surgeon Major Lervrie had had 50,000 chloroformizations done under his charge without the loss of a single life. This startling announcement led His Highness, the Nizam Hyderabad, to offer \$5,000 to defray the expenses of a commission to test the merits of different anesthetics, and Dr. Landor Brunton represented the *Lancet* in the conduct of experiments before the scientific syndicate, and the results were most convincing. Hundreds of dogs were anesthetized with different lethal agents, and various methods were

employed; yet none could be counted as against chloroform, unless it be inferentially, the drug being the more potent should be administered with more care.

The symptoms which usually occur from chloroform poisoning are a sudden paleness, the respiration shallow or air-hungry, stertorous, asphyxia, loss of or a quick and awakened pulse, tossing about of the patient, delirium, convulsions or coma. The indications of the pupil have been described.

The chief danger, when chloroform has been used, are respiratory syncope, closure of glottis, fainting, failure of the pulse.

Treatment.—Stop the administration of chloroform, lower the head to an angle of forty degrees and elevate the feet above the level of the body. Bring the patient to edge of bed or table, so that the head may swing free. Sometimes a slight elevation and extension of the chin will at once check stertor or irregularity of breathing. Draw out the tongue and retain it and, above all, use artificial respiration, keeping it up for at least an hour if necessary. Slap the neck and thorax.

If the face is pale administer ten to twenty drops of nitrate of amyl on a piece of cloth and hold it to the patient's mouth. If the patient makes no effort to breathe inflate the lungs by placing a cloth over the patient's face, hold the nose and blow into the mouth. If there still be narcosis employ hypodermic injections of water of ammonia, sulphate of strychnia or glanoïn; but depend chiefly on lowering the head and artificial respiration long continued.

Give the patient plenty of fresh air by opening the windows. Apply a galvanic or Faradic current during artificial respiration, one electrode at the base of the neck and the other to the epigastric region, on a line with the diaphragm, but not in the region of the heart or solar plexus. It is not safe to continue an operation immediately after excessive action of anesthesia, but to wait until respiration has been energetically restored, otherwise a new and generally fatal anesthesia may be produced.

Death from Chloroform.—Respiratory cessation and heart failure. It is now beginning to be observed by the profession generally that there is something of very material importance in the manner in which anesthetics are administered; that there is an anesthetic art deserving careful study and

application in the practice. It is not an uncommon observation to see the administration of an anesthetic entrusted without discrimination to an assistant, who holds the cone carelessly over the patient's face, and watches, in the meantime, the various steps of the operation. Can it be wondered that, in a process involving such essential physiological functions, dangerous and alarming symptoms arise and escape notice under the circumstances? Unquestionably the administration of an anesthetic should receive the undivided attention, during the operation, of one who has, by study and training, acquired a knowledge of the proper method of administering the agent, and who in danger will be prepared to act promptly and intelligently in his efforts at restoration whenever that contingency should arise.

An Interesting Case.

FRANK M. FLOYD, M. D., ST. LOUIS, MO.

[The following case is indeed very interesting and serves to illustrate the practice in vogue in our father's and grandfather's days, but, strange to say, many a physician in this day and age of modern medicine still clings to the old dogmatic doctrines of fifty years ago.—ED. JOURNAL.]

It appears to me that the following case deserves, for various reasons, to be reported. The patient in question was brought to me by his family physician, who gave the following very unique history:

The patient, a man of about twenty-

eight years, married, laborer in a saw-mill, had slipped about four years before and contracted syphilis, for which he was thoroughly treated for two years. About three months ago he was in a fight and was bitten on distal joint of left forefinger by a man whom the same physician was treating for syphilis, and who at that time had a very sore mouth. The wound was not considered serious, but was dressed with iodoform salve and gauze, and an energetic anti-syphilitic treatment was at once instituted, large doses of biniodide of mercury being given three times a day. The finger apparently did well

for six or seven days, when the skin surrounding the wound and soon after the entire finger, became much inflamed and swollen; large blebs formed, and in a week the entire member was a raw, bleeding mass. At the beginning of the inflammation large quantities of iodoform and bismuth sub. nit. were applied, and this treatment, together with the mercury in large doses, was steadily continued to the day when I saw the patient.

At the end of a month the family physician and two others consulted, and decided that the finger was affected beyond recovery with syphilitic gangrene, and it was accordingly amputated at the proximal joint. In order that the gangrene might not spread, the mercurial treatment was pushed and potassium iodide was also introduced. The wound was dressed as usual. A month after the operation the amputation wound was almost healed, but the entire hand had been gradually swelling, blebs began forming, the nails turned dark, and a week later the entire hand was in about the same condition as was the finger at the time of amputation.

Another consultation was held, and amputation of the hand advised, but refused. The process now spread rapidly up the forearm, and in five days the right hand began to swell, immense blebs formed all over it, the nails became black, and in ten days it was in worse condition than the left, the iodoform and bismuth having been applied lavishly to it from the time the blebs began to form.

Another consultation with some additional physicians was held, and the patient advised to have both hands amputated at once if he desired to live. He refused absolutely to consent to the operation.

The treatment, both local and general was continued. The process spread up both forearms, and in a few days the right ear, side of the neck and face became involved, blebs formed, and the condition was similar to the hands.

The patient thereupon decided to seek other treatment, and was brought to me by his family physician. After hearing the foregoing history by the physician, it being concurred in by the patient, I started to make an examination on my own account. The parts were so covered by iodoform and bismuth that no information was obtainable from them, so the patient was sent to a hospital and the parts thoroughly cleaned. The cleaning occupied an entire forenoon. A general examination brought out the following facts:

Each hand and forearm were swollen to about twice the natural size; both were entirely innocent of epidermis, and were oozing blood serum very freely. The nails were black and could be lifted away from the fingers back to the roots, but were highly sensitive and caused intense pain when touched. The entire surfaces of both hands and wrists were highly painful on contact. To the elbow of each arm the skin was red, very painful, and blebs were forming. The same condition existed on the right ear, side of neck and face. There was a general swelling of the entire

body, from face to feet, and the toenails were dark and very tender. The eyes were injected, and there was acute conjunctivitis. He was somewhat deaf. Hair was falling out. The mouth, so the physician advised me, was full of mucous patches; I found it quite raw, and any or all teeth could have been removed with fingers. Breath highly offensive. All glands enlarged. Appetite very poor; stomach deranged, and he was suffering from severe constipation. Temperature 100° F. Urine scant, high colored, heavy with albumen, and readily answered tests for mercury. Weighed in health about 145 pounds; weighs now 120 pounds. Very anemic; red-blood corpuscles reduced nearly fifty per cent. Penis showed no scar. Patient said he had a small sore about three years ago; had recovered in a few days.

After considering all the facts presented, I decided that the man was not suffering from syphilis, and probably never had it, but that it was a case of genuine mercurial and local iodoform poisoning, the most extensive and virulent that I had ever seen. Acting on this theory, I enclosed all the affected parts in large, wet dressings of sterilized gauze and distilled water, and administered saline cathartics and diuretics as frequently as could be borne. The salines and diuretics were continued for fifteen days and the wet dressings for ten days longer.

* * * * *

In ten days more he was well, except that the new nails were not yet full length. He was then discharged, and has

had no further trouble, local or general, one year having elapsed.—*Interstate Medical Journal, September, 1899.*

A SACRIFICE TO CALOMEL.

If Mr. A. or B. is sick
Send for the doctor, and be quick;
The doctor comes with right good will,
But ne'er forgets his calomel.

He says unto the patient's wife:
"Have you clean paper and a knife?
I think your husband would do well
To take a dose of calomel."

The man grows worse quite fast, indeed:
"Send out for counsel, quick, with
speed!"

The counsel comes by post or mail,
And doubles the dose of calomel.

In death the man begins to groan;
The woeful job for him is done;
His soul is sent to heaven—or hell—
A sacrifice to calomel.

He Knew Her Destination.

A young physician was once called in by a gentleman who had a very sick mother-in-law. After looking into her case carefully the young M. D. called the gentleman aside and said:

"Well, the only thing I can suggest is that you send your mother-in-law to a warmer climate."

The man disappeared and came back with an axe a moment later, and exclaimed:

"Here, doctor, you kill her. I really haven't the heart."—*Argonaut.*

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Dr. McAdow reports: I have prescribed the Cordial Pas-carnata in several cases of threatened spasm in small children. In my hands it has proven a splendid remedy. In a case of nervousness and insomnia in an old lady, a few doses acted like a charm.

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Dr. C. P. Hockett writes: Cordial Pas-carnata proved a boon to me in a case of uraemic convulsions.

Insomnia from physical exhaustion.

Dr. Samuel C. Smith states: Your advertisement in the Medical Mirror for November, page 26, and referring to Cordial Pas-carnata excites in me wonder that a preparation of this wide-spread usefulness has not been introduced to the medical profession before this. The therapeutic properties of the drug have been known to me for several years. It is first, a nerve sedative; second, a nerve tonic; a classification which, though strange, is nevertheless true. It is undoubtedly a hypnotic and acts as such in insomnia arising from physical exhaustion.

Teething children.

Dr. G. Spiegel writes: Your agent visited my office and, among other preparations, recommended to me your Cordial Pas-carnata. A patient was announced. A baby was brought in crying from restlessness and from teething. Here, I thought to myself, was an opportunity to try the Cordial Pas-carnata. I asked your agent for a sample, administered it on the spot with almost immediate beneficial results.

Sleeplessness of heart disease.

Dr. H. Neal writes: A few days ago your agent kindly left me a sample of Cordial Pas-carnata. I have used this in a case of sleeplessness of heart disease in which other remedies produced no effect. The cordial Pas-carnata brought such happy results that I shall continue to use it wherever indicated.

Insomnia of nervous temperaments.

The following personal letter, the original of which is on file in our office, is valuable testimony: "I am in receipt of your favor of the 6th, also the box of Cordial Pas-carnata recently ordered, for the prompt shipment of which you will kindly accept my most sincere thanks. Your Cordial Pas-carnata has become a household necessity with both my wife and myself. We are both of a nervous temperament and troubled with insomnia, and up to date I have been unable to find anything that will equal the Cordial Pas-carnata in the treatment of the above trouble."

Nervous irritation in women and children.

Dr. Jas. R. Dickens writes: "Your agent left with me a sample of your Cordial Pas-carnata, a preparation entirely new to our physicians. Its use thus far has not been extended, but as a remedy for allaying nervous irritation, especially in women as well as for teething children, I find the Cordial meets a want in my practice which I have long desired to fill.

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A Review and Digest **MEDICINE and SURGERY.**

Tabes Dorsalis.

The following is abstracted from Dr. Dana's treatment of tabes: Treatment, anti-syphilitic, tonic, thermal baths, electricity, massage, cord-stretching, spinal counter-irritation. Hypodermic injections of corrosive sublimate of 1-20 grain once or twice a week. Grains xxx of iodide of potassium daily, later 300 grains a day, if possible, continued for about four weeks. A warm bath twice a week. Patient receives a tonic treatment of iron, phosphoric acid, glycerophosphate of lime or soda, grains xi. Counter-irritation to spine by the cauterizer.—*Wisconsin Med. Recorder.*

Interstate Medical Practice.

The Detroit movement in favor of reciprocity among the States in granting the license to practice medicine has been indorsed by the State medical societies of Vermont, Idaho and Utah, and by the Illinois State Board of Health. It is understood that no examining board will be expected to lower its requirements.—*Med. Science.*

Incontinence of Urine.

Haven mentions two cases of incontinence in girls, which he succeeded in curing completely by gradual distension of the viscus with a four per cent boracic acid solution. Both patients were eighteen years old, and both from earliest infancy had found it impossible to retain the urine, awake or asleep.

The treatment consisted in simply distending the bladder with the fluid until discomfort was produced, after which the patient held the fluid as long as possible—ten or fifteen minutes in the beginning, though the time was doubled later. Distension was practised every other day, and improvement was rapid.—*Boston Medical and Surgical Journal.*

R. F. Lewis, M. D., Mt Carmel, Ind., in the *New York Medical Journal*, sets forth the advantages to be derived from the use of apomorphine in cases of alcoholic delirium, in that the symptoms subside, the recovery being much more prompt than when the bromides are used.

Do We All Have Tuberculosis?

A remarkable statement is credited to Fletcher Ingalls in regard to the incidence of tuberculosis. He is reported (*Journal of the American Medical Association*, Jan. 6, 1900, p. 36) to have said that ninety per cent of all people at one time or another are infected with this disease, that forty-seven per cent have pulmonary tuberculosis and that twelve per cent die of this disease. These figures seem decidedly too great, but if they were given as reported, from the very extensive experience of Ingalls, they are worthy of careful attention. The Germans long ago taught us that there occur large numbers of unsuspected cases of tuberculosis only discovered at autopsy, when death has resulted from some other disease. It is well known also that the contagion of tuberculosis is in temperate climes the

most widely spread of those of any of the infectious diseases.

Note the odor. A person who has pyemia has a sweet, nauseating breath; chronic peritonitis, musky; scrofula, like stale beer; intermittent fever, like fresh baked brown bread; hysteria, an odor like violets; smallpox, like burned horn; rheumatism, sour-smelling acid perspiration. Measles, scarlet fever, insane patients, etc., all have their characteristic odors.—*Nat. Ant. Record.*

Pharyngeal Adenoids.

Dr. Frances Huber notes the frequent association of polyuria and incontinence of urine in children with adenoids. Besides the mouth-breathing, producing thirst and consequent increased consumption of water, deficient oxidation no doubt causes changes in the composition of the blood and autointoxication results. These children are dull and insensitive, and reflexes from the bladder readily pass unheeded. Removal of the adenoids, with careful attention to the general nutrition, produces markedly favorable results.—*Arch. Pediatrics.*

Appendicitis abscess should be freely wiped dry with absorbent cotton, after which it should be washed out carefully with a seventy-five per cent solution of peroxide of hydrogen, followed by a careful packing with iodoform or carbolyzed gauze. Where there is a recurring appendicular colic, and especially if each attack seems more increased in severity, there should be

no delay in the removal of the offending appendix.

Perhaps no part of the body is so often neglected as the mouth; especially is this noticeable in the case of children. A mother who will religiously bathe her child and keep its body sweet and clean will often fail to cleanse its mouth. A new-born infant should have its mouth washed after each feeding; a soft cloth in a weak solution of boracic acid should be used for this purpose. If this were always done we would rarely find a case of infantile sore mouth.—*Southern California Practitioner.*

Treatment of Burns by Potassium Chloride.

Larger employs a saturated solution of potassium chloride as soon as the patient comes under his charge. He states that this lotion is efficacious in all burns, whatever their depth, and that it is especially serviceable in those that are suppurating. The pain, he states, disappears almost immediately. During the whole course of the superficial burn, the dressing consists of compresses wrung out in this solution of potassium chloride, covered in after one or two days with waxed paper. The application is feebly antiseptic, and is not absorbed in sufficient quantity to produce systemic poisoning.—*Revue de Chirurgie.*

Consumption.

Consumption is now known to be a communicable disease. It is spread by

the dust of dried sputa, and also by milk and meat of tuberculous animals. The most important measure for the restriction of consumption is the disinfection or destruction of all sputa of every consumptive person.

It is best that all persons who have a cough should carry small pieces of cloth, each just large enough to properly receive one sputum, and paraffined paper envelopes or wrappers in which the cloth, as soon as once used, may be put and securely enclosed, and, with its envelope, burned on the first opportunity.—*Health*.

Coccydynia.

Dr. H. Rose of Hamburg cites three cases in evidence of what he desires to prove. In Case 1 a sensitive swelling of the size of a nickel, situated near the left lower sacral foramen, was detected by rectal examination. Massage per rectum caused complete disappearance of pain, which had been most severe in the sacral and perineal regions, especially on defecation and at the time of menstruation. A cure was effected in about two months.

In Case 2 a similar condition was relieved in a similar manner.

The patient, Case 3, could not sit down without extreme pain. These rectal massages brought about the same favorable result after discovery of a most sensitive sacral swelling. This latter swelling is considered by the author a localized edema due to overfilling of the adjacent blood vessels, especially marked at menstrual period and pressing upon nerve, leaving the

sacral foramen, thus causing pain.—*Jour. of Gyn.*

Removing Foreign Bodies from Nose and Ear.

Sturrock (*British Medical Journal*, November 25, 1899, p. 1473) recommends the following mode of procedure: The presence and approximate position of the foreign body having been ascertained, a piece of india-rubber tubing, rather less in diameter than an ordinary lead pencil, varying in length from one to three inches, and attached to the nozzle of a brass syringe, is introduced into the nostril or meatus, as the case may be, and brought into contact with the foreign body. The piston of the syringe is then pulled out for a sufficient distance to create a vacuum in the tubing, and thus draw the foreign body into or against its free end. The syringe is then withdrawn and with it the foreign body attached to the tubing. In some cases it has been found advantageous to dip the tubing into glycerin before insertion, in order to diminish the chances of air entering between the tubing and the foreign body.

George H. Thompson, M. D., in the *Regular Medical Visitor*, recommends in chronic interstitial nephritis, where the specific gravity of the urine is frequently as low as 1002 and seldom above 1012, we find in the bichloride of mercury a remedy which will soon restore the normal specific gravity, retard the waste of albumen, and, if commenced early enough in this disease will prevent this waste.

Local Massage in Exophthalmic Goitre.

This treatment has been used with what is claimed to have been some degree of success. In soft, pulsating goitres it is said to be especially useful. Care should be exercised in the massage, which should be made lightly at first; it should be made over but one lobe and with one hand. Later the massage becomes gradually deeper, until the whole gland can be lifted up and gently squeezed.—Med. Review.

La Grippe Again.

French journals of a recent date contain notices of an epidemic of la grippe, which is prostrating the people living in the Lowlands. In Amsterdam three hundred deaths from influenza were reported for the second week in January.

In Nantes, Marseilles, Rennes and London the mortality from this disease shows an alarming increase. In London alone there were three hundred and sixteen deaths from influenza in the week ending January 20th. When we add to this 1221 deaths for the same period from bronchial pneumonia, the close relative of la grippe, the virulence of the disease becomes appalling. The epidemic this year presents especially alarming characteristics, and its victims are chiefly the aged and those already enfeebled by other disease.

c.

Hypodermic injections are less painful and their absorption is more rapid if normal salt solution is used instead of plain water. Simple water causes

more or less induration, often some swelling of the tissues and occasionally a little redness. Of course, the fluid used in an ordinary injection is so small that these inconveniences are very slight, but where somewhat larger quantities of fluid are used, it is always well to remember that normal salt solution should be employed.—Med. Review.

Operative Treatment of Antiflexion.

Dr. W. L. Burrage of Boston has operated on ninety-two cases of antiflexion, and in many instances managed to correct the flexion and cure dysmenorrhea. He tried Alexander's operation, and division of utero-sacral ligaments through the vagina, relieving about half in each instance. In other cases he curetted, cut the utero-sacral ligaments and suspended the uterus, from which operation he comes to the conclusion that the uterus may thus be strengthened and symptoms relieved in a majority of cases, but not in all.—Am. Gyn. and Ob. Jour.

The following combination is one of the best substitutes for iodoform as a surgical dressing:

R Pulv. Hydrastis
Pulv. Calendula
Acid Boric aa

Five drops of the tincture of lobelia in two ounces of water, half teaspoonful every ten minutes, given warm, will cure many cases of infantile colic from whatever cause; will soothe nervous irritation and induce sleep.—Summary.

Read our flattering offer to new subscribers.

Timely Topics.

The following excerpts from medical journals in relation to the general application of Solution of Boroglyceride, may be found of practical value:

THE BEST LUBRICANT FOR CATHETERS.

"The lubricant was best kept in a narrow jar deep enough to allow of the introduction of the catheter to a depth of eight inches—for instance, a specimen jar. Investigation had failed to discover a thoroughly satisfactory aseptic lubricant. The best were albolene and a *twenty-three per cent solution of Boroglyceride*. The former made it more difficult to clean the instrument; the latter was a mild antiseptic, decidedly inhibitory and an excellent lubricant, although not so good in that respect as the albolene." Merrell's Carbonol will answer the same purpose.

FOR HYPERTROPHIED TONSILS.

Before deciding to excise them, try for one spring, summer and fall season (when colds are not so liable to interrupt the treatment) daily painting the affected tonsils with Solution of Boroglyceride 50 per cent, and frequent dusting with pure sulphur.

OZENA.

Solution of Boroglyceride 50 per cent, about one part to six of water, used as a spray two or three times a day, is an admirable remedy for ozena.

FOR DANDRUFF.

R Solution of Boroglyceride 50 per cent.....2 drachms
Orange Flower Water....
Rose Water, aa.....4 ounces
M Apply at night and shampoo the

scalp with tincture of green soap in the morning, using tepid water throughout the process.

Do not forget to emphasize the value of Colorless Hydrastis in conjunctivitis. The proper strength for a collyria for such cases is one part Colorless Hydrastis to eleven parts of water. Used in these proportions the remedy has effected brilliant cures in a very short time.

Solution of Bismuth and Hydrastia is attracting attention at this time on account of its value in dysenteric diarrhea, and even in dysentery after the febrile symptoms have disappeared.

Solution of Bismuth and Hydrastia can also be strongly recommended as an injection in chronic cystitis.

Sourwood Compound, Albuminaria during pregnancy.

Extract from letter received from A. C. Eakin, M. D., Shirland, Ill., August 1st, 1899:

"These pills (Pil Incontinence) have given satisfaction in cases where all other remedies failed."

We have received several other favorable reports in regard to Pil Incontinence in the enuresis of adults and young persons, and are therefore able to confidently recommend them to physicians in such cases.

For the enuresis of children our Fluid Extract of Rhus Aromatica is a safe and efficient remedy and will generally affect a cure.

THE WM. S. MERRELL CHEMICAL CO.

College Alumni, Personal

Dr. James Beard, '99, has returned to San Francisco and established "The Home Sanitarium" at 225 Scott street. We wish the Doctor prosperity in his undertaking.

Dr. J. G. Tompkins, '91, is home again, after spending six months at the New York Maternity Hospital and Post-Graduate School, and has reopened offices at 1532½ Howard street. The Doctor expressed himself as greatly pleased with the results of his trip, and considers it time well spent.

On the 11th inst. Dr. Florence V. Wall-Cheney, '91, gave birth to a son. The JOURNAL extends congratulations.

Dr. F. P. Mitchell, '85, paid the JOURNAL a very pleasant call on the 14th, and gave a very good account of his success in practice. The Doctor located at Redding twelve years ago, and enjoys a large and lucrative practice, and for many years has been county autopsy surgeon. He is a staunch eclectic, is proud of his Alma Mater and, above all, is a loyal supporter of the JOURNAL.

Born, to Dr. and Mrs. H. H. Helbing, a daughter, February 9th. The Doctor is professor of diseases of women and children at the American Medical College, St. Louis, Mo.

Dr. Bryant, '97, has located at Grass Valley.

As Professor Church came into the lecture room Thursday afternoon, February 15th, the boys greeted him with

the old campmeeting hymn, "Revive Us Again," and he did.

The first week in March will be a vacation to allow the Seniors to recuperate their energies for the final X's, which will soon follow. Many is the student that will burn the midnight oil from now on.

Dr. G. E. Hall, '98, of Palo Alto, was in town last Saturday. The Doctor is looking exceptionally well and weighs close to two hundred pounds. The climate must agree with him immensely.

Dr. T. F. Childs, '92, died of pneumonia at Phoenix, Ariz., last month. The JOURNAL extends its sympathy to relatives and friends.

Dr. H. B. Mehrmann, '85, of Oakland, bet his whiskers against fifteen cents on a prize fight. He lost his whiskers, and the wind has—ceased to blow.

Dr. B. Myers, '93, has removed from the country and located at 1211A Golden Gate avenue in this city.

Dr. Silva, '97, President of the Sacramento Valley Medical Society, was in town the other day, and reports a good business.

Dr. E. D. R. Wallace, '97, is visiting friends and relatives in Oakland. He will open offices in Sacramento some time this spring.

DOCTOR—Well, I consider the medical profession very badly treated. See how few monuments there are to famous doctors or surgeons.

SHE—Oh, doctor! Look at our cemeteries! —*Judge.*

Maclean Hospital Report.

Dr. Mercer—Mr. F. P., hydrocele; entered Jan. 1, discharged Jan. 13.

Dr. Forster—Mr. M. L., neurasthenia; entered Jan. 2, discharged Jan. 6.

Dr. Gere—Mr. J. McF., cystitis; entered Jan. 2, discharged Jan. 24.

Dr. Mitchell—Mr. J. C., circumcision; entered Jan. 7, discharged Jan. 13.

Dr. Buchanan—Mrs. H. M., amputation of breast; entered Jan. 10, discharged Jan. 24.

Hospital—Mr. J. D., rheumatism; entered Jan. 13, discharged Feb. 4.

Dr. Forster—Mr. J. P., axillary abscess; entered Jan. 13, discharged Jan. 18.

Dr. Hunsaker—Mr. H. S., enucleation of eye; entered Jan. 13, discharged Jan. 19.

Dr. Hunsaker—Mr. C. D., enucleation of eye; entered Jan. 15, discharged Jan. 18.

Dr. Maclean—Mrs. H. P., amputation of breast; entered Jan. 17, discharged Feb. 7.

Drs. Hamilton and Gere—Mr. J. R., varicocele; entered Jan. 18, discharged Jan. 28.

Dr. Gere—Mrs. A. C., trachelorrhaphy, entered Jan. 21, still in hospital.

Hospital—Mrs. E. B., phthisis pulmonalis; entered Jan. 23, still in hospital.

Dr. Maclean—Mr. K. H., fistula; entered Jan. 10, discharged Feb. 13.

Dr. Maclean—Mrs. J. B., cancer of uterus; entered Jan. 25, still in hospital.

Hospital—Mrs. H. W., intestinal obstruction; entered Jan. 25, still in hospital.

Dr. Gere—Mr. H. B., ankylosis of hip; entered Jan. 27, still in hospital.

Dr. Maclean—Miss K. T., cellulitis; entered Jan. 27, discharged Feb. 10.

Dr. Harding-Mason—Mr. E. P., mitral insufficiency; entered Jan. 28, still in hospital.

Dr. Harding-Mason—Mr. N. C., fistula; entered Jan. 28, discharged Feb. 10.

W. P. Scott, M. D.,
Resident Physician.

An Apostrophe to Wind.

I love the wind that rustles
Amid the forest trees—
I love the life and vigor
Of a briny ocean breeze.
I love the gentle zephyr
Sighing o'er a grassy plain,
And I love the solemn music
Of wind before the rain—
But I hate with deadly hatred
Wind that with fiendish glee
Expands in my duodenum
And makes a balloon of me.
It rumbles through my bowels
Like a mighty ocean swell;
It fills me full of gases
And makes me feel like —.

[It would be superfluous to remark that the doctor who would not tell his patient after such poetical evidence of healthfulness, to throw physic to the dogs and hie himself away to the mountains, ought to take down his sign.]—Love's Medical Mirror.

DOCTOR R.—I've got a case that puzzles me.

"What is it?"

"A Philadelphia man with insomnia."

CALIFORNIA MEDICAL JOURNAL.

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EXPRESSION IS ESSENTIAL TO GROWTH. WE CORDIALLY INVITE ALL ECLECTIC PHYSICIANS WHO WOULD KEEP ABREAST WITH THE TIMES TO MAKE FREQUENT USE OF OUR COLUMNS.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

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Let all communications be addressed and money orders be made payable to the

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Editorial.

A Distinction Without a Difference.

The term "quack" is usually applied to a noisy, boastful practitioner. We picture him as an eccentric individual, making his wonderful cures known by every means in his power, and working upon the belief that "a fool is born every minute." This was the ideal "quack" of a few years ago. But the times are changed and the quack is changed with them, and to-day we have numerous "Institutes," etc., in every large city, conducted by men who, in many instances, have no medical training. The *assistant*, however, is a qualified practitioner, who has managed by some means to secure a licence and, failing in legitimate lines, has prostituted himself to the manager of some

SPECIAL NOTICE

Something for Nothing.

If you receive this as a sample copy, consider it an invitation to subscribe. To NEW subscribers we make the following offer:

Send us \$1.50 and we will date your subscription from July 1st, 1900, giving you three months, April, May and June, FREE.

quack shop for a salary. Whatever the education of this man may have been and whatever his knowledge of diagnosis, he must "make business" and pronounce every lump a cancer, and every abrasion or eruption, syphilis.

Again, we have men like the old time quacks, who put up various salves and cure-alls, and either peddle them or put them in the drug stores under the name of Dr. Blank's Sure Cure for Piles, or Female Tonic, etc. Perhaps in a misdirected effort to make the package more attractive, a likeness of the "Doctor" appears on the label.

A third variety of quack, and by far the most contemptible of the tribe, is the ostensibly reputable physician or surgeon who circulates among the laity and his professional friends pamphlets

describing some interesting cases which he has attended. With more or less literary ability he describes the cases and his line of treatment or operative technique. The recoveries which he records, if we accept his statement of conditions as correct, are certainly marvelous. He impresses not only the laity, but his medical friends who know nothing of surgery, and he soon becomes known far and wide as a great surgeon or specialist. To the experienced surgeon, his claims are simply ridiculous.

These three kinds of quacks are with us, and having neither self-respect nor professional pride they stoop to business methods which the honorable practitioner would not employ. As a result, the quack, no matter which class he may belong to, does the bulk of the business and fleeces the credulous sufferer, who finally becomes a charity patient for some honest physician.

It is time our medical societies took some action in the matter. A certificate from any board can be cancelled if the holder uses unprofessional methods. Any one of the three kinds of quacks above described could be prosecuted were their certificates cancelled. This is the business of the State Society. It is a duty. A matter not only of personal protection, but protection of the honor of eclecticism. No one board of examiners is responsible for all the quacks, but for a man holding an eclectic certificate and using quack methods disgraces not only himself and his college, but injures the professional standing of every ethical practitioner. The eclectic school can not afford to have such licentiates, and it is the duty

of the California eclectics to insist that the censors do their full duty. The State Society will meet again in a few months, and we should then have a little investigation for the good of those who are honorable practitioners.

It is our boast that our code of ethics is the Golden Rule. That may have been sufficient once, but it will not regulate the modern quack. We have reached the age of the educated charlatan. There may be a distinction but there is no difference. CROCKER.

N. B.

We notice that certain of our Eastern friends have been reproducing some of our original matter without giving us due credit. We will not say much this time, but if it happens again we will be sorely tempted to call them down.

Attention, Physicians and Druggists

FOR SALE.

One of the best paying businesses in San Francisco. Good practice and drug business combined. Established ten years; price moderate; owner leaving the State. For particulars apply to JOURNAL office.

Two New Journals of Medicine.

We are pleased to welcome two new journals into the field of medical literature in the past month. The first that was called to our attention was the *Record of Symptomatology*, edited by W. L. Capell, M. D., of Omaha; and the second *The Stylus*, under the able edi-

torship of Dr. William Porter, of St. Louis.

The *Record of Symptomatology* will be devoted to physical diagnosis, and *The Stylus* to a record of clinical and hospital work.

Judging from the general tone of their first numbers, these journals will be well received by the profession, as they rightly deserve.

Correspondence.

A STUNNING NUMBER.

Dear Journal and Managers Thereof:
I again offer a brief paper to our JOURNAL. The February number comes out with a vim to it that is fairly stunning. There is no other journal in the State equal to it, and every eclectic should leap to its support and scatter it far and wide. Success to our JOURNAL.

Fraternally, DR. O. S. LAWS.

* *

A COLLEGE GRADUATE.

1863 Pearl Street,
CLEVELAND, O., Feb. 13, 1900.

My Dear Friends: Enclosed please find postal order for one dollar and a half, for which send me the JOURNAL for the coming year.

You are doing well, and I hope you will continue to succeed. I am doing fairly well.

Yours truly,
R. W. WEBSTER, M. D.

* *

WANTS A SPECIFIC FOR DIABETES MELLITIS.

PACIFIC GROVE, Feb. 9, 1900.

Mr. Editor:—Enclosed find the sub-

scription price of our CALIFORNIA MEDICAL JOURNAL, \$1.50, and please give credit for same.

Am treating a case of diabetes mellitus, which has been under treatment for the past year, but thus far with no permanent success. If any one connected with the interests of eclecticism will give us a specific in the treatment and cure of that disease, through the JOURNAL, we would be highly pleased and under lasting obligations to the doctor. Respectfully yours,

A. E. COLERICK, M. D.

* *

A DELIGHTED SUBSCRIBER.

To the Editors of the California Medical Journal—DEAR FRIENDS: The exceeding delight I experienced on reading this month's issue of the JOURNAL impelled me to renew my subscription, which I would not have discontinued, however, but for my contemplated trip to Australia.

This month's issue contains rare gems of choice thoughts from Professors Logan, Hunsaker and others.

Thanking you for the sample copy, I am, sincerely yours,

DR. JAS. McLEAN.

* *

DR. WILDER'S "HISTORY OF MEDICINE."

NEW SHARON, Me., Feb. 1, 1900.

Editors of the California Medical Journal,
1422 Folsom St., San Francisco, Cal.—MY DEAR DOCTORS: Fully appreciating the importance of publishing Dr. Alexander Wilder's "History of Medicine" while its author is yet with us, I am making a canvass to ascertain if enough eclectic physicians are willing to encourage the enter

prise by subscribing, to insure the actual expense of printing and binding, for the book.

The price has been placed at the lowest possible figure so that the work may have, as it richly merits, a wide circulation. Very cordially yours, WM. C. HATCH, M. D.

The "History of Medicine" referred to in Dr. Hatch's letter will be of interest to every practitioner of medicine, but especially to every eclectic, as it will give an authentic record of the efforts and successes of the founders of our system of medicine, as well as a history of the healing art from the earliest time, together with many short biographical sketches of prominent medical men of all schools.

The work was authorized by the National Eclectic Medical Association at its annual meeting June 19, 1890, and should have a place in the library of every eclectic.

Publisher's Notes.

For Sale.

An established, paying drug business well located on the business street of one of our bay towns. For particulars enquire at this office.

Gentlemen: I have used your Thermal Bath Cabinet, and it is the best substitute for a Hammam bath I have ever found. Taken at night it aids sleep very materially. Very truly yours,

W. H. CHICKERING.
San Francisco, Cal.

W. A. Ward, M. D., New Edinburg, Ark., says: I have used Aletris Cor-

dial in threatened miscarriage in several instances with the best results; one case in particular, the lady was of nervous temperament and very easily excited, but by giving Celerina combined with Aletris Cordial for a short time, she passed over it safely. I am of the opinion that any physician prescribing Aletris Cordial in such cases as it is indicated will not disappoint in the result.

Typhoid Fever.

In the treatment of typhoid fever during the epidemic of the fall of 1892 and during 1896, substantially the following treatment was used with such signal success that it is earnestly recommended to others.

To control temperature, repress diarrhea and give rest:

R Salo-Sedalus.....grs. xx

Subnitrate of bismuth 3jss

M. Divide into ten powders. Sig.: One every two, six or twelve hours, as required.

When there is a tendency to hemorrhage:

R Salo-Sedatus.....grs. xxx

Sulpho carbol. of zinc grs. xxx

Subnitrate of bismuth 3ij

M. Divide into ten powders. Sig.: One every two, four or six hours, as may be required.

The Waterhouse Medicated Uterine Wafers.

For the local treatment of diseases peculiar to women, such as prolapsus, chronic inflammation, engorgement, ulceration, leucorrhea, irregular, suppressed and painful menstruation; es



pecially useful for diseases incident to the change of life.

R Ex. Calendula, Ex. Tiger Lily, Ex. Jequirity Beans, Boracic Acid.

How They Operate.—They operate by restoring the wasted function of the hypogastric plexus of nerves. They throw off the mucous membrane of the womb and continue to throw it off until a healthy secreting surface is obtained, and in a short time scanty or profuse menstruation will be corrected, engorgement of the womb removed, the relaxed conditions of the walls of the vagina, as found in prolapsus, pass away, ulcerated and granulated mucous membranes are cured in a few days; finally, they restore a healthy secreting surface to the uterus. In cases of leucorrhea we find almost opposite conditions, viz: Engorgement or complete relaxation. Either case yields rapidly under the use of these Wafers.

Thermal Bath Cabinet Co.—

GENTS: I have made use of the Thermal Bath Cabinet I purchased, and am pleased with it. I consider it a success. Yours sincerely,
Oakland, Cal. JOHN FEARN, M. D.

Sanmetto as an Internal Remedy for Genito-Urinary Conditions.

While fully realizing the superfluity of further testimonials concerning a remedy so well and favorably known to the entire medical profession as is Sanmetto, yet, as I possess an extended knowledge of its reliability, based on several years' clinical experience and on the treatment of hundreds of cases in which it has proven itself eminently

fitted to lighten the cares of the genito-urinary surgeon, I am perhaps invested with a certain authority, which should permit me the privilege of adding my meed of praise.

In all the inflammatory conditions of the genito-urinary tract, from the metatus to the pelvis of the kidney, the administration of Sanmetto is invariably beneficial. It not only renders the urine bland and unirritating, but also exerts a specific action on the inflamed tissues, soothing and restoring the tonicity of the parts. Its tonic action on the prostate is of such a nature that it proves of equal advantage in cases of either hyperplasia or atrophy, and there is no remedy so uniformly successful in the treatment of atonic impotency or pre-senility.

I have found it of inestimable service in the preliminary preparation of cases requiring surgical interference and, combined with salol, use it constantly to secure urinary anti-sepsis. I am fully of the opinion that Sanmetto represents all that could be hoped for or desired as an internal remedy for genito-urinary conditions.

H. R. WEBER, M. D.

Univ. Md. School of Medicine, 1886,
Member Am. Med. Assoc., etc.
Chicago, Ill.

Treatment of a Case of Facial Neuralgia.

Bernays ("Report of a Surgical Clinic") cites a peculiarly obstinate case of facial neuralgia with treatment. The patient was a lady aged fifty years, who showed a good family history and whose previous health was also good. The trouble began with a severe neur-

algic toothache of her lower right molars, and was paroxysmal at first, but after two months became continuous. The paroxysms generally occurred in the early morning, and entailed much acute suffering. The pain was relieved by biting strongly upon some firm object, but returned immediately when the pressure was removed. The touch of anything hot or cold promptly excited a paroxysm. A moderate heat, when sustained, produced the opposite effect. In the effort to afford relief four molars were extracted, but without success. The patient strenuously held out against the use of narcotics in any form throughout the entire course of the disease. Antikamnia in ten-grain doses (two five grain tablets) was found efficient as an obtundant, and was relied upon exclusively. Eight weeks after section of the nerve, when the report was written, there had been no return of her former trouble in any degree.—*The Medical News*, January 13, 1900.

Edw. L. H. Barry, Jr., M. D., Jerseyville, Ill., says: I have used Aletris Cordial with excellent results in the following: Miss R., 19 years of age, brunette, well developed, but troubled with dysmenorrhea, called at my office and after explaining her affliction, said, "Doctor, if there is anything you can prescribe to relieve my suffering do so, for life is a burden to me now." I thought of the Aletris Cordial at once, and I gave her a six-ounce bottle, directing her to take a teaspoonful three times a day, commencing four or five days before the regular period.

Several weeks afterward she returned with the empty bottle, remarking, "I've come back for more of that medicine for it's the only thing I ever had to give me relief." I can cheerfully recommend Aletris Cordial to the profession.

Book Notes.

The Treatment of Nervous Diseases, by Jos. Collins, M. D., Professor of Nervous and Mental Diseases in the New York Post-Graduate Medical School; Visiting Physician to the New York City Hospital; cloth; William Wood & Co., New York.

In this magnificent work the author has given to the general practitioner what he has long needed—a book in which those stubborn neurotic conditions, their diagnoses, causes and most modern treatment are clearly explained. The treatment, according to the modern idea, is largely hygiene, massage and electricity, and the methods of application are here given in detail, so that any physician can readily understand them, and is not forced to consult other works on each special disease. It is essentially a work on treatment, and the greatest space is given to the management of the most common nervous troubles and those most amenable to appropriate treatment, for it is these conditions which the general practitioner meets most frequently.

Buchanan's Journal of Man, Volumes I to III, 1887-1889.

This *Journal* was a monthly publication, and have been bound in two volumes. Their scope is wide, as they

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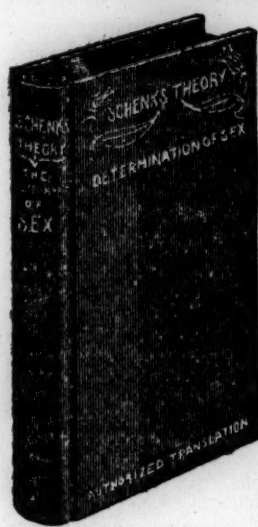
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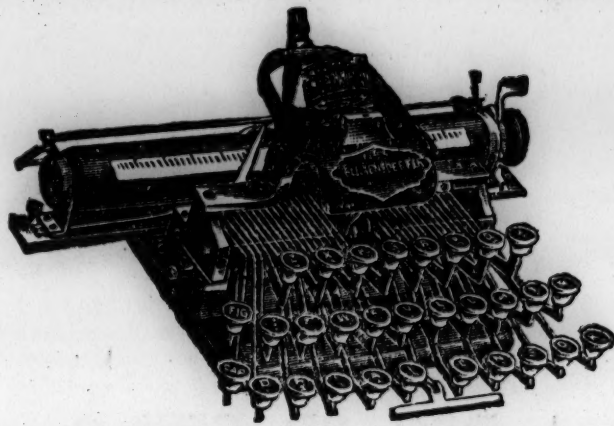
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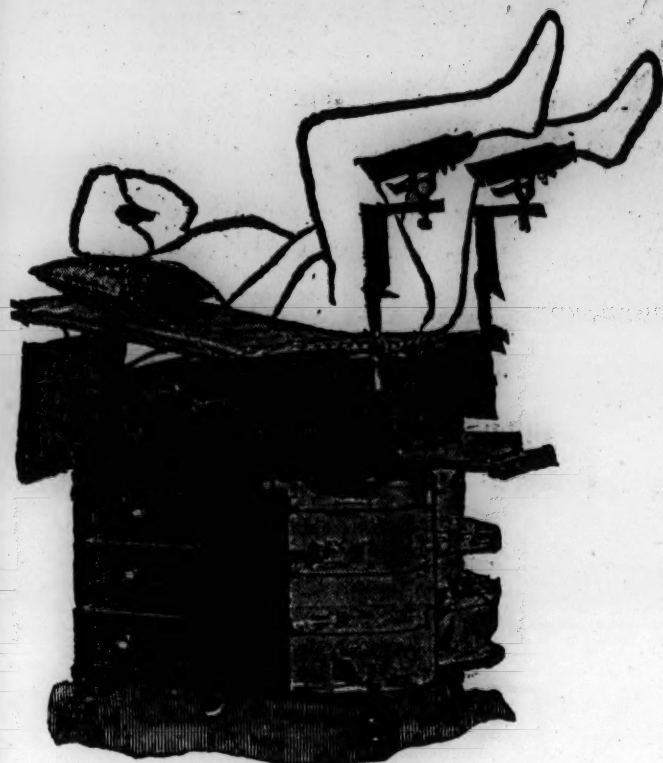
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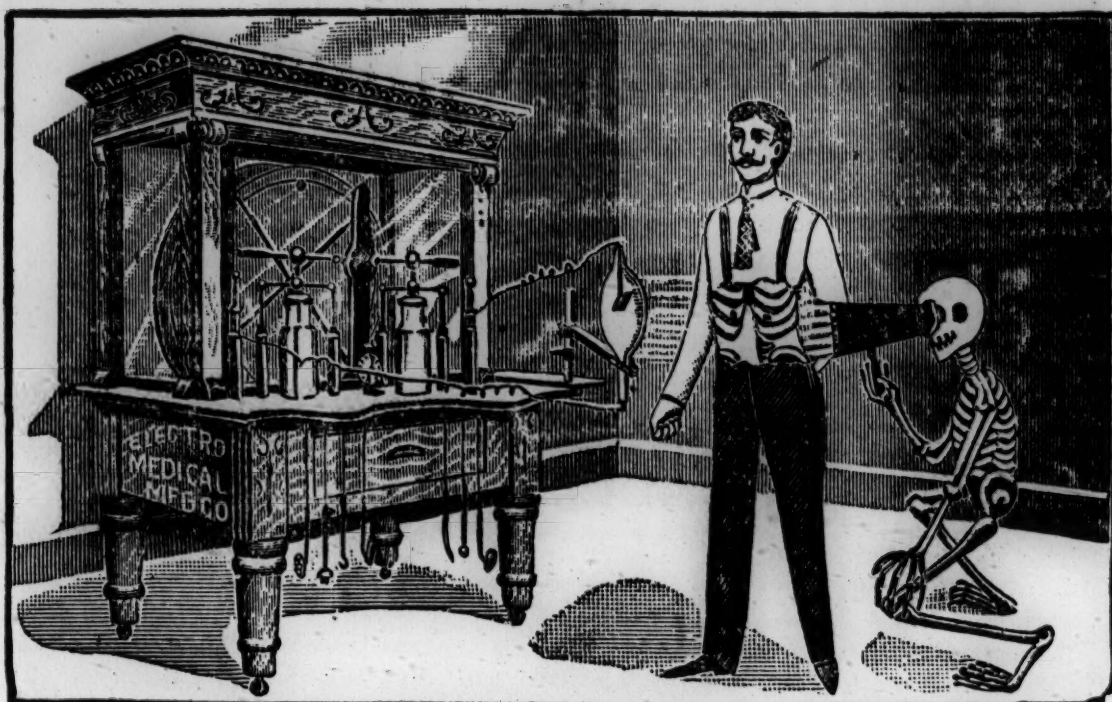
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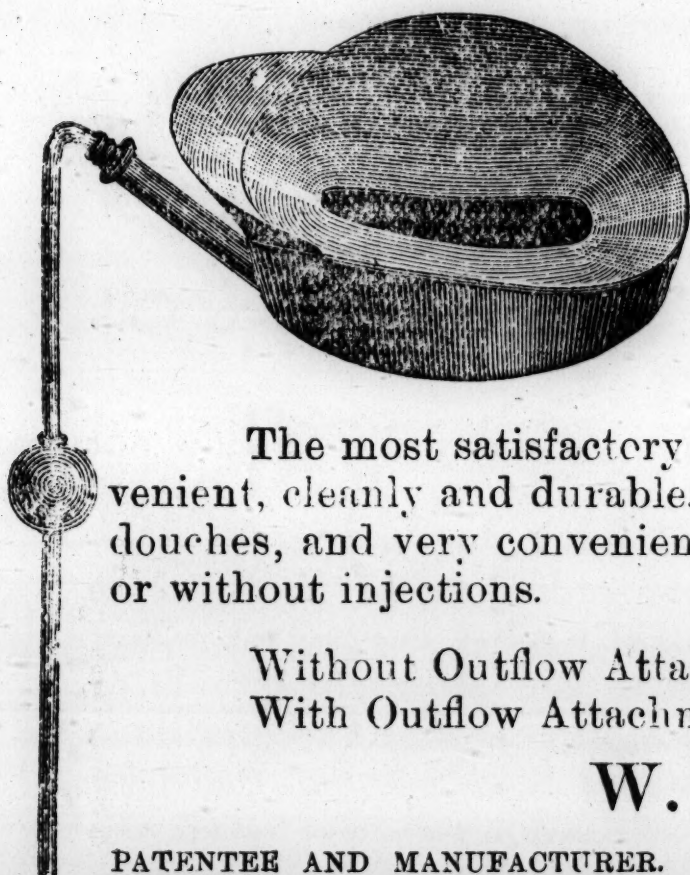
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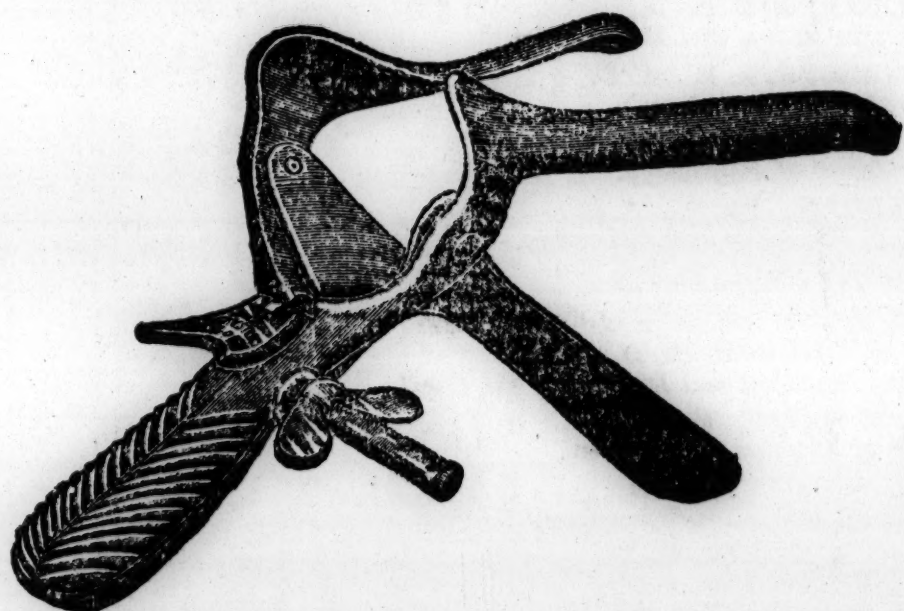
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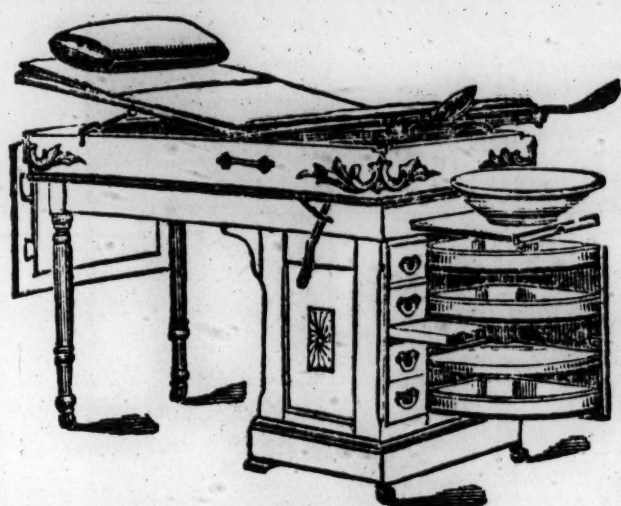
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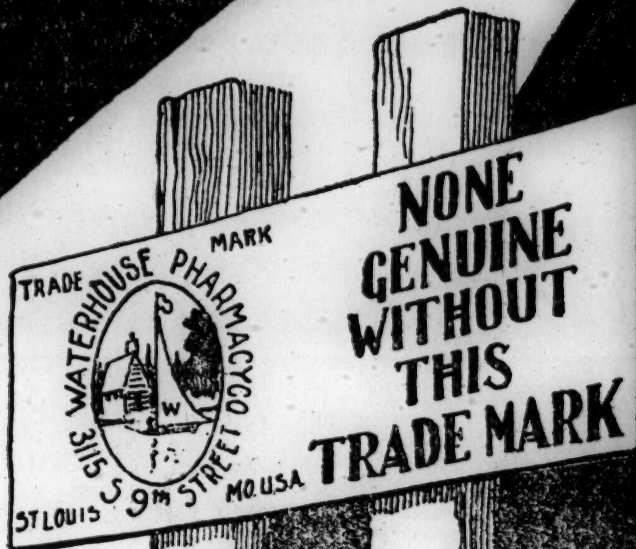
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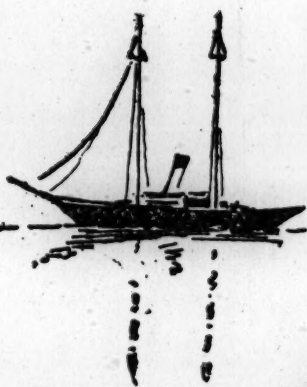
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